

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

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SC-011-11. PATIENT # 463949028707  
Christopher Odom  
[Enter the full name of the plaintiff in this action]

Civil Action No. (To be assigned)  
(to be assigned by Clerk)

v.

STATE OF SOUTH CAROLINA  
STATE OF South Carolina  
TAXPAYERS et. AL.

Enter above the full name of defendant(s) in this action

COMPLAINT  
State Prisoner

#14-6159 / #14-6169  
Amended and  
Remanded back  
To Jurisdiction of  
CASE/claim

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonment? N/A Yes \_\_\_\_\_ No \_\_\_\_\_
- B. If your answer to A is Yes, describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.
1. Parties to this previous lawsuit: N/A  
Plaintiff: \_\_\_\_\_  
Defendant(s): \_\_\_\_\_
2. Court: N/A  
(If federal court, name the district; if state court, name the county)
3. Docket Number: N/A
4. Name(s) of Judge(s) to whom case was assigned: N/A
5. Disposition: N/A  
(For example, was the case dismissed? Appealed? Pending?)
6. Approximate date of filing lawsuit: N/A
7. Approximate date of disposition: N/A

## II. PLACE OF PRESENT CONFINEMENT

- A. Name of Prison/Jail/Institution: N/A
- B. What are the issues that you are attempting to litigate in the above-captioned case? N/A
- C. (1) Is there a prisoner grievance procedure in this institution? Yes        No N/A
- (2) Did you file a grievance concerning the claims you are raising in this matter? Yes        No
- When N/A Grievance Number (if available)
- D. Have you received a final agency/departamental/institutional answer or determination concerning this matter (i.e., your grievance)? Yes        No
- E. When was the final agency/departamental/institutional answer or determination received by you? N/A
- If possible, please attach a copy of your grievance and a copy of the highest level decision concerning your grievance that you have received.*
- F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? Yes        No
- G. If your answer is YES:
1. What steps did you take? N/A
2. What was the result? N/A

## III. PARTIES

*In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any.*

- A. Name of Plaintiff: N/A Inmate No.:
- Address:

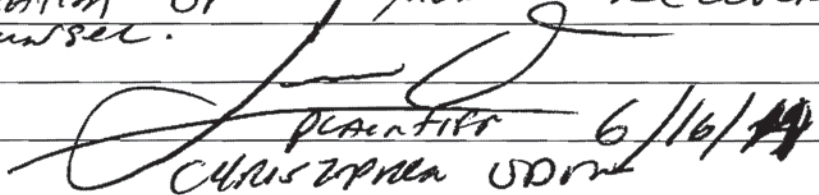
*In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any.*

- B. Name of Defendant: N/A Position:
- Place of Employment:
- C. Additional Defendants (provide the same information for each defendant as listed in Item B above):
- N/A

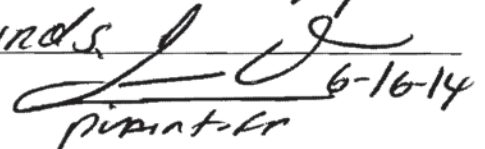
## IV. STATEMENT OF CLAIM

State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach an extra sheet if necessary.

Amendment See claim #14-6159/#14-6169  
 Where Plaintiff Christopher Dorn /  
 SOUTH CAROLINA Department of  
 Mental Health Patient Number  
 CRCOU4639 H9624707 "Authorize  
 the UNITED STATES Court of Appeals  
 THE UNITED STATES Supreme Court  
 AND NOW the UNITED STATE District  
 Court for the District of South  
 Carolina Authorization of Records/  
 Medical Authorization signed by Plaintiff  
 on 6/7/14 and mailed too United States Court  
 of Appeals Petition for Hearing EN Banc  
 ect. Authorization of medical records/  
 Appointment of counsel.

  
 Plaintiff 6/16/14  
 Christopher Dorn

We Respectfully Request that the court  
 be provided with all diagnosis of plaintiff,  
 the prescribed treatment, your prognosis  
 your daily treatment notes (including intake  
 sheet and/or any document patient #CRCOU4639  
 H9624707 concerns Everything in file And a copy of  
 your itemized bill Be sure to send court copy of  
 medical bills with the records.

  
 Plaintiff 6-16-14



IV. STATEMENT OF CLAIM - continued.

See claim #14-6159/#146169  
Amendment

V. RELIEF

State briefly and exactly what you want the court to do for you.

SEE claim Relief  
Admendment  
#14-6159 / #14-6169 (same relief  
stated in case/claim #14-6159, #14-6169  
Admendment.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16<sup>th</sup> day of June, 2014.

Signature of Plaintiff